MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85-a)

CERTIFICATE OF DEATH

06457

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 208 Washington St.

Stay in hospital or inst. (yrs., or mos., or days) 2

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 209 Washington St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bessie E Bailey

3. (b) Social Security Number

4. Sex: Fame

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married Edward Bailey

6 (b) Name of husband or wife: Husband

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 20 1887

8. AGE: Years 52 Months 7 Days 12 If less than one day ____ hrs. ____ min.

9. Birthplace: Liksmad (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Negro

FATHER 12. Name: Cane Fairrow

FATHER 13. Birthplace: md

MOTHER 14. Maiden name: Emmaree Fairrow

MOTHER 15. Birthplace: md

16. Informant: Edward Bailey

Address: Cambridge

17. Ballena (Burial, cremation, or removal. Which?) Date thereof June 4 1940 (month) (day) (year)

Cemetery or crematory: Ballen md

Location: Salem, md.

18. Funeral director: Lewis H Bayner

Address: Cambridge md

19. 6-5 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2nd 1940, at 8:A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-2 1940, to 6-2 1940, and that I last saw h alive on 6-2 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	6-1-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE L.D. Boyer M.D. M. D. or other

Address 722 Race St, Cambridge Md Date signed 6-3-40

RECEIVED
JUL 1 1940
BUREAU V. S.

06458

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Office of Dr. T. L. Coll - 32 Race St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge - R.F.D. #1 Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural near (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Peggy Rose Banks

3. (b) Social Security Number: none.

4. Sex: female

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 15 - 1939

8. AGE: Years 1 Months 2 Days 7 If less than one day ____ hrs. ____ min.

9. Birthplace: Cambridge - Md (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER 12. Name: Irving Bryan

13. Birthplace: Maryland

MOTHER 14. Maiden name: Mary Banks

15. Birthplace: Maryland

16. Informant: Mary Banks - mother

Address: Cambridge - R.F.D. #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 23, 1940 (month) (day) (year)

Cemetery or crematory: Church Creek

Location: Church Creek, Md.

18. Funeral director: Louis H Bagnerow

Address: Cambridge, Md.

19. 6-23 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1940, at 1-20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ____, to — 19 ____, and that I last saw h — alive on — 19 —.

Immediate cause of death: Pneumonia, Lobar — DURATION: 3 days

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M.D. or other

Address: Cambridge Date signed: June 22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

06459

CERTIFICATE OF DEATH

93-D

Reg. Dist. No. 110

1. PLACE OF DEATH:
County Dorchester
City or town near Hurlock
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Dor.
City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. _____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Charles. T. Banning

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married.
6 (b) Name of husband ~~or wife~~ Augusta Banning
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) Jan. 8. 1860
8. AGE: Years 80 Months 5 Days — If less than one day _____ hrs. _____ min.
9. Birthplace Md (Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business
FATHER 12. Name John Banning
13. Birthplace Md
MOTHER 14. Maiden name Sarah Salmon
15. Birthplace Md
16. Informant Russell Banning
Address Hurlock
17. Burial (Burial, cremation, or removal, Which?) Date thereof June 19 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location Vienna
18. Funeral director F. B. Willoughby
Address Hurlock
19. June 18 (Date rec'd by registrar) 19 Chas W Hastings Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1940, to June 17 1940, and that I last saw him alive on June 8 1940.
Immediate cause of death Chronic myocarditis DURATION
Duration: not stated. C.W.S.R.
Due to —
Due to —
Other conditions debilitation
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide — Date of _____
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE L. G. Dozier M. D. or other
Address Hurlock Date signed Md

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186a

CERTIFICATE OF DEATH

06460

Reg. Dist. No. 11 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Dorchester

County

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 yr. 7 mos. 18 ds

Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Choptank Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ---

3. (a) FULL NAME Jehu Todd Blades

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma Patten Blades

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) October second 1855

8. AGE: Years	Months	Days	If less than one day
84	8	28	---hrs. ---min.

9. Birthplace Grove Caroline Co Maryland
(Town, county, and state)

10. Usual occupation Storekeeper

11. Industry or business Store

FATHER 12. Name Jehu Blades

13. Birthplace Maryland

MOTHER 14. Maiden name Elizabeth Todd

15. Birthplace Maryland

16. Informant Hospital records

Address State Hosp. Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3, 1940 (month) (day) (year)

Cemetery or crematory Union Grave Cemetery

Location Near Preston, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. July 2nd 1940 (Date rec'd by registrar) John Mace jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 5.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to June 30 1940, and that I last saw him alive on June 29 1940.

	DURATION
Immediate cause of death: Chronic Myocarditis & Myocardial Deg.	More than 1 yr
Due to: Arteriosclerosis & Hypertension	unknown
Due to: Chronic nephritis	"
Other conditions: Psychosis with Cerebral Arteriosclerosis	3y6m

(Include pregnancy within 3 months of death)

Major findings: Of operations: Fracture of rt. tibia; due to accidental fall — fell out of bed.

Of autopsy

PHYSICIAN 3 days
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accidental fall Date of

Where did injury occur? do Nursery Ward, E. S. S. Hospital.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury fell out of bed. Injured at work?

23. SIGNATURE Charles Naylor M.D.
M. D. or other

Address Cambridge Date signed June 30/40

RECEIVED
JUL 5 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6461

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Maryland Hospital

WITHIN CORPORATE LIMITS

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Janet Kay Brooks

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23-1940

8. AGE: Years	Months	Days	If less than one day
	1	4	hrs. min.

9. Birthplace Cambridge, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Wallace S. Brooks

13. Birthplace Dor. Co.

MOTHER 14. Maiden name Louvia Raymond

15. Birthplace Dor. Co.

16. Informant Wallace S. Brooks

Address Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 27-1940 (month) (day) (year)

Cemetery or crematory Meenlawn

Location Cambridge, Md.

18. Funeral director Kenneth R. Thomas

Address Cambridge, Md.

19. 6-27 1940 John Meese Jr. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940, at 1145 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 20 1940, to June 26 1940, and that I last saw h- EX alive on June 26. 1940

Immediate cause of death	DURATION
Left Lobar Pneumonia	
Due to Toxemia of rat bites	
Due to	
Other conditions Laryngitis.	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W J Thomas M. D.

Address Cambridge Md Date signed 6/26/40.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1940
BUREAU V. S.

Dr. Anderson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

66462

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cabin Creek

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Cabin Creek

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Virgie Dotson

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6.(b) Name of husband or wife Peter Dotson

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) About 1871

8. AGE: Years	Months	Days	If less than one day
About 69	—	—	hrs. min.

9. Birthplace Dorchester County Maryland

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER

12. Name Daniel Jackson

13. Birthplace Dorchester County, Maryland

MOTHER

14. Maiden name Joanne Datis

15. Birthplace Dorchester County, Maryland

16. Informant Florrie Bryan

Address Hurlock, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 4 1940 (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Near Hurlock, Maryland

18. Funeral director A. J. Frampton and Son

Address Federalsburg, Maryland

19. July 7 1941 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 5:45 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 15 1940, to June 29 1940 and that I last saw her alive on June 29 1940

Immediate cause of death	DURATION
Chronic myocarditis	1935
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M.D. M. D. or other

Address Federalsburg, Md. Date signed 7/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 10 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

06463

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester Co

City or town Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ~~[illegible]~~ Cambridge Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Crapo Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mertta Ennels

3. (b) Social Security Number none.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
fem	Colard	widowed

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4 1902

8. AGE: Years 34 Months 10 Days 24 If less than one day hrs. min.

9. Birthplace Crapale (Town, county, and state)

10. Usual occupation House work

11. Industry or business nd

FATHER 12. Name Isaac Ennels

13. Birthplace Crapale

MOTHER 14. Maiden name Fourd M Ennels

15. Birthplace Crapal. nd

16. Informant Pearl Ennels

Address Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3 1940 (month) (day) (year)

Cemetery or crematory back Street

Location Crapo Maryland.

18. Funeral director Lewis H Bayner

Address Cambridge nd

19. 6-29 1940 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 12:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1940, to June 28 1940, and that I last saw her alive on June 28 1940.

Immediate cause of death Uremia

Due to Chronic Bright Dis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 4 days; 6 mo

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. H. Tawes M. D. or other

Address Cambridge Md Date signed June 28 1940

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

92-a

06464

Reg. Dist. No. 11 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS OF

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 16 a School House Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 16 A School House Lane

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME James Fisher

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	widowed

6 (b) Name of husband or wife Essie Mae Fisher

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 15 1884

8. AGE:

Years	Months	Days	If less than one day
55	6	16	hrs. min.

9. Birthplace Pocomoke Md

(Town, county, and state)

10. Usual occupation Cook

11. Industry or business Restaurant

FATHER 12. Name James Fisher

FATHER 13. Birthplace Pocomoke Md

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Unknown

16. Informant Sarah Nichols

Address 16 A School House Lane

17. Burial Date thereof June 14. 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethel Cemetery

Location Bailey Road

18. Funeral director J T McClean

Address Cambridge Md

19. 6-14 1940 John Mace Jr. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940, at 9.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1940, to June 11 1940, and that I last saw h — alive on June 11 1940.

	DURATION
Immediate cause of death Coronary Thrombosis	6-11-40
Enteritis Acute	6-4-40
Due to Arteriosclerosis Myocarditis	1939
Due to	
Other conditions Aortic Insufficiency	1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M McClean MD

M. D. or other

Address Cambridge Md Date signed 6-13-40

RECEIVED
JUL 5 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1042)

66465

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Camb. Md. Hospital
Stay in hospital or Inst. (yrs., or mos., or days) 3 days WITHIN CORPORATE LIMITS
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Dor.
City or town Madison, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Calvin Lee Hughes

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Stella Andrews
6(c) If alive, give age: 32 years
7. Birth date of deceased (mo., day, yr.): Mar 25-1906
8. AGE: Years 34 Months 2 Days 17 If less than one day ____ hrs. ____ min.
9. Birthplace: Dor. Co. (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business
FATHER 12. Name: Milton Hughes
13. Birthplace: Dor. Co.
MOTHER 14. Maiden name: Susan Burton
15. Birthplace: Dor. Co.
16. Informant: Mrs. Calvin L. Hughes
Address: Madison, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 13-40 (month) (day) (year)
Cemetery or crematory: Wesley M.E. Church Cem.
Location: Andrews, Md.
18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Md.
19. 6-12-1940 (Date rec'd by registrar) John Meaco Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 1130 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1940, to June 12 1940, and that I last saw h[illegible] alive on June 12 1940.

	DURATION
Immediate cause of death: Cerebral Thrombosis	3 days
Due to: Arteriosclerosis	1 week
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John Meaco Jr. M. D. or other
Address Cambridge Md Date signed 6/12/40

RECEIVED
JUL 5 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

06466

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town) WITHIN CORPORATE LIMITS

Street address, hospital, or institution: 453 High St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. 2 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 453 High St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice Jackson

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	widowed

6.(b) Name of husband or wife Alfred Jackson

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 12 1862

8. AGE: Years 67 | Months 9 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace Dorchester Co Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Isaiah Jackson

FATHER 13. Birthplace Dorchester Co Md

MOTHER 14. Maiden name Maria Compton

MOTHER 15. Birthplace Dorchester Co Md

16. Informant Maria Jackson

Address 453 High St Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6 1940 (month) (day) (year)

Cemetery or crematory Wesley Cem.

Location Cambridge, Md.

18. Funeral director H. W. St. Clair

Address Cambridge, Md.

19. 6-6 1940 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 7 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 14 1940, to June 4 1940, and that I last saw h alive on June 4 1940.

	DURATION
Immediate cause of death Acute Enteritis	6-1-40
Due to Chr Myocarditis	2-1-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M. St Clair M.D. M. D. or other

Address Race & Cedar St Date signed 6-4-40

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JUL 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

06467

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH:
County Dorchester
City or town Bishops Head
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Dor.
City or town Bishops Head, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna B. Jones

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	white	Widowed

6 (b) Name of husband or wife Carroll Jones
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10- 1857

8. AGE:

Years	Months	Days	If less than one day
89	11	4	hrs. min.

9. Birthplace Dor. Co. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business ~~Wife~~
FATHER 12. Name Wm. Wingate
13. Birthplace Dor Co.
MOTHER 14. Maiden name unknown
15. Birthplace
16. Informant Albert C. Bramble
Address Bishops Head, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17-1940 (month) (day) (year)
Cemetery or crematory Bishops Head
Location Bishop Head, Md.
18. Funeral director Kenneth R. Thomas
Address Cambridge, Md.
19. June 15 1940 (Date rec'd by registrar) Wilson D Pritchett Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14th 1940, at 1.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 10 1940, to June 14 1940, and that I last saw h alive on June 12th 1940.

	DURATION
Immediate cause of death Lobular Pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F L Clymer M. D. or other
Address Bishop Head Md Date signed June 15 40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-a)

CERTIFICATE OF DEATH

06468

Reg. Dist. No. 119

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Wingate, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Wingate Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Dean Jones

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Charles H. Jones

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar 24, 1857

8. AGE: Years	Months	Days	If less than one day
83	2	10	hrs. min.

9. Birthplace: Wingate, Md. Dor. Co. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Whittington Dean

13. Birthplace: Wingate, Md.

MOTHER — 14. Maiden name: Mary Parks

15. Birthplace: Wingate, Md

16. Informant: Miss Hester Jones

Address: Wingate Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6 1940 (month) (day) (year)

Cemetery or crematory: Wingate Cemetery

Location: Wingate, Md.

18. Funeral director: Frank E. Altemus

Address: Cambridge Md.

19. June 5 1940 (Date rec'd by registrar) Wilson D. Pritchett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 19 40, at 8 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Carcinoma of Kidney and	20 mos
Due to a general Carcinomatosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med Exr. M. D. or other

Address: Cambridge Date signed: June 5/40

RECEIVED
JUL 6 1940
BUREAU V. S

06469

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH:

County Dorchester

City or town Wingates

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Wingates Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mollie A. Jones

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Winnie W. Jones

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/1/1872

8. AGE: Years 68 Months 9 Days 3 If less than one day hrs. min.

9. Birthplace Bishops Head, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name John N. Pritchett

13. Birthplace Md.

MOTHER 14. Maiden name Margaret Lewis

15. Birthplace Md.

16. Informant Winnie C. Jones

Address Wingates, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-12-1940 (month) (day) (year)

Cemetery or crematory Ebenezer Church

Location Crapo, Md.

18. Funeral director Granville L. Compte

Address Cambridge, Md

19. June 12 1940 (Date rec'd by registrar) Wilson D. Pritchett Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 1940, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1/ 1939, to 6/10/ 1940, and that I last saw her alive on 6/4/40 19

Immediate cause of death Cerebral Hemorrhage — DURATION Instant

Due to Hypertension Cardio-vascular disease — 3 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Moore Jr. M.D. (M. D. or other)

Address Cambridge Md Date signed 6/10/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06470

1. PLACE OF DEATH (48-B)

County Dorchester Registration Dist. No. 112.

Village or City Elliott's, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidence in city or town where deeth occurrad Lifetime yrs. mos. ds. How long in U.S. If of foralgn birth? yrs. mos. ds.

2. FULL NAME Polly Jane Jones. If U. S. Veteran, specify WAR

(a) Residence: No. Elliott's, Maryland. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
Fe.	W.	Married.

5e. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Washington Jones.

6. DATE OF BIRTH (month, day, end year) May 29th., 1875.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Housewife.

9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceasad last worked at this occupation (month and year)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elliott's, Maryland.

FATHER

13. NAME Perry Gray.

14. BIRTHPLACE (city or town) (Stata or country) Elliott's, Maryland.

MOTHER

15. MAIDEN NAME Amanda Dunn.

16. BIRTHPLACE (city or town) (Stete or country) Elliott's, Maryland.

17. INFORMANT Sarah Jones.
(Addrass) Elliott's, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Elliott's, Md. Date June 21", 1940.

19. UNDERTAKER H.H. Willoughby & Son,
(Address) E.N. Market, Md.

20. FILED June 19, 1940 Elizabeth N. Grafe Registrar.
Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
June 19th., 1940.
(Month) (Day) (Year)

22. I HEREBY CERTIFY, Thet I ettanded dacaasad from January 1st., 1940 to June 19" 1940
I last saw h er alive on June 12th., 1940; daeth is said to have occurrad on the data statad above, at 11 A. m.

The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:

	Date of onset
Carcinoma of Uterus.	

Other Contributory Causes of importance:

Name of oparation Date of

What test confirmad diagnosis? Was thare an au'opsy?

23. If daath was due to extarnel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of Injury

24. Was diseasa or injury in any wey related to occupation of dacaased? No.

If so, spacify

(Signed) Edward E. Lamkin M. D.

(Address) Edward E. Lamkin, M.D. Vienna, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUL 6 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06471

83-A

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Madison No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abram Sinthicum If U. S. Veteran, specify WAR

(a) Residence: No. Madison Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED (write the word)
m	c	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Sinthicum

6. DATE OF BIRTH (month, day, and year) June 29

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 6-8-40

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Madison Md.
(State or country)

FATHER

13. NAME John Sinthicum

14. BIRTHPLACE (city or town) Madison Md.
(State or country)

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sarah Sinthicum
(Address) Madison Md.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Madison Md Date June 12, 1940

19. UNDERTAKER Lewis A. Henry.
(Address) 232 Cedar St, Cambridge Md

20. FILED 6-10, 1940 John Meade Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 10, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1940, to June 10, 1940

I last saw him alive on June 9, 1940; death is said to have occurred on the date stated above, at 11 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 9 1940
Other Contributory Causes of importance: Uremia	1940

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Gilbert Allen M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may bo returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 5 1940

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

CERTIFICATE OF DEATH

06472

Reg. Dist. No. 160

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge-Maryland Hospital
Stay in hospital or inst. (yrs., or mos., or days): 5-10 minutes
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Rhodesdale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R. F. D. #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Raleigh Marine

3. (b) Social Security Number: 218-09-5381

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Sadie Insley
6(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): June 5 1904

8. AGE: Years 36 Months | Days 23 | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Truck - driver

11. Industry or business: Spirit Factory

FATHER
12. Name: Charles E. Marine
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sarah E. Fisher
15. Birthplace: Maryland

16. Informant: Harry Marine
Address: Rhodesdale - Md

17. (Burial, cremation, or removal) Burial Date thereof July 1 1940 (month) (day) (year)
Cemetery or crematory: Edgewood Brookview
Location:

18. Funeral director: Governor Bors
Address: Sharptown

19. (Date rec'd by registrar) July 1 1940 H. L. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29 1940 at 1-10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Fracture of Skull - Left side
Due to: Frontal bone
Due to: Auto collision
Other conditions:
(Include pregnancy within 3 months of death)

DURATION: about 40 minutes

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of injury: June 29/40
Where did injury occur? Vienna (City or town) Dor. (County) Md (State)
Injured at home, farm, industry, public place (where?): State Road
Means of injury: Auto - collision Injured at work? No

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exr. M. D. or other
Address: Cambridge Date signed: June 29 40

RECEIVED
JUL 8 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66473

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 209 Pine St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 209 Pine St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Velma - Lake - Mitchell

3. (b) Social Security Number 222-05-7269

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Col	married

B (b) Name of husband or wife: Fred N. Mitchell
6(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): Oct 1st 1917

8. AGE: Years 22 | Months 8 | Days 1 | If less than one day: hrs. min.
23 | X | X

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housework & Canning
11. Industry or business
FATHER 12. Name: Jas. Hopkins
13. Birthplace: Maryland
MOTHER 14. Maiden name: Ethel Lake
15. Birthplace: Maryland
16. Informant: Fred. N. Mitchell
Address: 209 Pine St
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6-40 (month) (day) (year)
Cemetery or crematory: Cemetery.
Location: Hurlock Md.
18. Funeral director: Lewis A. Henny.
Address: 222 Cedar St. Cambridge Md.
19. 6-4 (Date rec'd by registrar) 1940 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1940, at 6-55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__
and that I last saw h__ alive on ____ 19__

Immediate cause of death	DURATION
Convulsions	1 day
Due to Uremia	—
Due to Chronic Nephritis	1 yr.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M.D., or other
Address: Cambridge Md. Date signed: June 3/ 40

RECEIVED
JUN 15 1940
BUREAU P. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

06474

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R. F. D. #2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Marietta E Moloch

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1940

8. AGE: Years | Months | Days: 3 | If less than one day: hrs. min.

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Herbert Moloch

13. Birthplace Forks neck, Dor. Co.

MOTHER 14. Maiden name Gertrude Stafford

15. Birthplace Cambridge Md

16. Informant Herbert Moloch

Address Forks neck, Dor. Co.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 10 1940 (month) (day) (year)

Cemetery or crematory Christ Rock Cemetary

Location near Cambridge

18. Funeral director Lewis & H Baynum

Address Cambridge Md

19. June 10 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1940, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8th 1940, to June 9th 1940, and that I last saw h alive on June 9th 1940.

Immediate cause of death Prematurity — DURATION 2 days

This baby was barely viable. Not due until September.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. D. Meredith M. D. or other

Address Cambridge, Maryland Date signed June 10th, 1940

RECEIVED
JUL 5 1940
BUREAU V. S.

06475

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 4m. 4 days

Stay in this community (yrs., or mos., or days): " " 4 "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elkton Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Redifer

George

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 20 1863

8. AGE: Years: 76 Months: 11 Days: 18 If less than one day: hrs. min.

9. Birthplace: Cecil County Maryland (Town, county, and state)

10. Usual occupation: Barber

11. Industry or business:

FATHER: 12. Name: Joseph Redifer

13. Birthplace: United States

MOTHER: 14. Maiden name: Katherine Landis

15. Birthplace: United Sates

16. Informant: Hospital Records

Address: State Hospital Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 5 1940 (month) (day) (year)

Cemetery or crematory: Methodist

Location: Cherry Hill. Cecil Co. Md

18. Funeral director: Joseph R. Grant

Address: North East, Md

19. 6-4 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1940, at 11.30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to June 2 1940, and that I last saw him alive on June 2 1940.

Immediate cause of death	DURATION
Uremia	2 days
Due to Pyelonephritis	15 mos
Due to Prostatic Obstruction & Urinary Bladder Fistula	Unknown 2 mos
Other conditions: Chronic Myocarditis & Myocardial Degeneration (Include pregnancy within 3 months of death)	More than 17 mos

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Charles Taylor MD (M. D. or other)

Address: Cambridge, Md Date signed: 6/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

66476

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Dorchester

County

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 mon. 2 days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 101 South Second St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilhelmina Rich

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife: Albert Garden Rich

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): December 15 1872

8. AGE: Years	Months	Days	If less than one day
67	5	23	hrs. min.

9. Birthplace: Crisfield Somerset Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: James Cox
13. Birthplace: Somerset Co. Maryland

MOTHER
14. Maiden name: (first name unknown) Purnell
15. Birthplace: Somerset Co. Maryland

16. Informant: Hospital records
Address: State Hospital Cambridge Md.

17. (Burial, cremation, or removal? Which?) Date thereof June 10 1940
(month) (day) (year)

Cemetery or crematory: Crisfield Md

Location:

18. Funeral director: D. S. Lawson

Address: Crisfield Md

19. 6-8 1940 (Date rec'd by registrar) John Muse Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1940, at 4.25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1940 to June 8 1940, and that I last saw her alive on June 7 1940

	DURATION
Immediate cause of death: Bronchpnuemonia	5 day
Due to: Chronic Myocarditis & Myocardial Degeneration	Unknown
Due to: Arteriosclerosis and hypertension 3 y	
Other conditions: Psychosis with Cerebral Artio scl Residual Paresis from osis 2y Hemiplegia	18 mo

(Including pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles V Taylor M.D.
M. D. or other

Address: Cambridge, Md. Date signed

RECEIVED
JUL 5 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (164a)

CERTIFICATE OF DEATH

66477

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 20 High St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 20 High St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles E. Robertson

3. (b) Social Security Number: None.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Ruth L. Tingman
6(c) If alive, give age: 46 years
7. Birth date of deceased (mo., day, yr.): April 30, 1884
8. AGE: Years 56 Months 1 Days 9 If less than one day ___ hrs. ___ min.
9. Birthplace: Bluffton S.C. (Town, county, and state)
10. Usual occupation
11. Industry or business: Retired Salesman.
FATHER
12. Name: James D. Robertson
13. Birthplace: South Carolina
MOTHER
14. Maiden name: Anna Garrard
15. Birthplace: South Carolina
16. Informant: Charles E. Robertson Jr.
Address: New York, N.Y.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 10, 1940 (month) (day) (year)
Cemetery or crematory: Episcopal Cemetery.
Location: Cambridge Md.
18. Funeral director: Frank E. Albaugh
Address: Cambridge Md.
19. 6-10 19 to John Meace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1940, at 11-30 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 — to — 19 —, and that I last saw h — alive on — 19 —.
Immediate cause of death: Strangulation — DURATION —
Due to: Hanging —
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: suicide Date of: June 8, 1940
Where did injury occur? Cambridge (City or town) Dor. (County) Md. (State)
Injured at home, farm, industry, public place (where?): home
Means of injury: hanging Injured at work? No

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other
Address: Cambridge Date signed: June 9/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

06478

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 316 Belvedere ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 58

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 316 Belvedere ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mary Emma Seward

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married —

6 (b) Name of husband or wife: David O Seward
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 11-10-1875

8. AGE: Years 64 | Months 6 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Dorch Co) (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Home

FATHER
12. Name James G. James
13. Birthplace Md

MOTHER
14. Maiden name Martha Cook
15. Birthplace Md

16. Informant David O. Seward
Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/10/40 (month) (day) (year)
Cemetery or crematory Dar Mere Park
Location Cambridge Md

18. Funeral director G S L Compton
Address Cambridge Md

19. 6-10 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 7 35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to June 4 1940, and that I last saw her alive on June 4 1940.

Immediate cause of death: Cerebral apoplexy — DURATION 3 wks.

Due to arteriosclerotic cardio-vascular disease

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE Wylie M Haw MD
M. D. or other
Address Cambridge Date signed June 5, 1940

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

06479

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH

County: Dorchester

City or town: Cambridge. R.F.D. #2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: near Gypy Hill —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. #2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dell - Leander - Sharp

3. (b) Social Security Number: none.

4. Sex: male

5. Color or race: col

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 5 - 1940

8. AGE: Years: — Months: 1 Days: 2 If less than one day ____ hrs. ____ min.

9. Birthplace: Cambridge Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Guy Cornish
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mildred Sharp
15. Birthplace: Maryland

16. Informant: Mildred Sharp - mother

Address: Cambridge - Md. R.F.D. #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9th, 1940 (month) (day) (year)

Cemetery or crematory: Cordtown

Location: near Cambridge, Md

18. Funeral director: Lewis H. Bayneum

Address: Cambridge, Md.

19. 6 - 8 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1940, at 9-45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h ____ alive on ____ 19__.

Immediate cause of death: Diarrhea — DURATION: 1 wk

Due to

Due to

Other conditions: Congenital Debility
(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other

Address: Cambridge - Md Date signed: June 8/42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170C)

CERTIFICATE OF DEATH

06480

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Blackwater Road - nr. Church Creek
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): ~
Stay in this community (yrs., or mos., or days): ~

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Dor.
City or town: Hooperesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edgar Poe Simmons

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 14 - 1902

8. AGE:

Years	Months	Days	If less than one day
37	7	29	____ hrs. ____ min.

9. Birthplace: Hooperesville, Dor. Co. (Town, county, and state)
10. Usual occupation: Manager - General Store
11. Industry or business:
FATHER 12. Name: John H. Simmons
13. Birthplace: Dor. Co.
MOTHER 14. Maiden name: Dorindia Travers
15. Birthplace: Dor. Co.
16. Informant: Mrs. J. H. Simmons
Address: Hooperesville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15-1940 (month) (day) (year)
Cemetery or crematory: Greenlawn
Location: Cambridge, Md.
18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Md.
19. June 15 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13 1940, at ~ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw h__ alive on ____ 19__,

Immediate cause of death: Fracture - base of skull — DURATION: Immediate
Due to: Automobile accident
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ~
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: June 14-1940
Where did injury occur? Mr. Church Creek (City or town) Dor. (County) Md. (State)
Injured at home, farm, industry, public place (where?): County Road
Means of injury: Automobile collision Injured at work? No

23. SIGNATURE: Jos. K. Shreve, Dep. Med. Exam. M. D. or other
Address: Cambridge Md. Date signed: June 15, 40

RECEIVED
JUL 5 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

06481

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 103 Cemetary Ave.

Stay in hospital or inst. (yrs., or mos., or days) x

Stay in this community (yrs., or mos., or days) 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Smith

3. (b) Social Security Number none.

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: x

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/22/1940

8. AGE: Years | Months | Days 24 | If less than one day hrs. min.

9. Birthplace Cambridge, Dorchester, Md

(Town, county, and state)

10. Usual occupation x

11. Industry or business x

FATHER

12. Name Roland Smith

13. Birthplace Sewards, Md

MOTHER

14. Maiden name Helen Willey

15. Birthplace Sewards, Md

16. Informant Roland Smith

Address Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/18/40 (month) (day) (year)

Cemetery or crematory Dorchester Mem. Park

Location Cambridge Md.

18. Funeral director Franville Co Compte

Address Cambridge, Md

19. 6-19 1940 John Mace Jr.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/22 1940, to June 16 1940, and that I last saw h ER alive on June 16 1940.

Immediate cause of death Prematurity

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge Md Date signed 6/16/40

RECEIVED
JUL 5 1940
BUREAU V. S

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

06482

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Camb Md Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) —

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 8 Ross St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Edward Lynn Smith

3. (b) Social Security Number 217-10-8647

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married.

6 (b) Name of husband or wife Martha Trice

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11-26-1911

8. AGE: Years 29 Months 6 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace Hurlock, Md (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Hauser

FATHER 12. Name Alfred Smith

13. Birthplace Md.

MOTHER 14. Maiden name Nat Knowle

15. Birthplace —

16. Informant Martha Smith

Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/10/40 (month) (day) (year)

Cemetery or crematory Dor Mem Park

Location Cambridge Md

18. Funeral director G S L Compton

Address Cambridge Md

19. 6-10 1940 (Date rec'd by registrar) John Neal Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —.

Immediate cause of death Fracture at base of Skull.

Due to Automobile Accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy

DURATION 2 hours

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of June 8/40

Where did injury occur? County Road (City or town) Dorchester (County) Md (State)

Injured at home, farm, industry, public place (where?) County Road

Means of injury Automobile Injured at work? No

23. SIGNATURE Jos. K. Shriver, D. M. E. M. D. or other

Address Cambridge Date signed June 10/

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JUL 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

06483

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:
County: Dorchester
City or town: Vienna - Rural Near
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. #1
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Vienna - Rural Near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elijah T. Smullens
3. (b) Social Security Number: None

4. Sex: male
5. Color or race: Blk
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Hester Higgins
6(c) If alive, give age: 55 years
7. Birth date of deceased (mo., day, yr.): — 1890

8. AGE: Years: 50 Months: — Days: — If less than one day: — hrs. — min.

9. Birthplace: Delaware (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm
FATHER
12. Name: Elijah Smullens
13. Birthplace: Delaware
MOTHER
14. Maiden name: Ellen Ridgeway
15. Birthplace: Delaware
16. Informant: Ella Smullens sister-in-law
Address: Vienna - R.F.D. #1
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 6 -40 (month) (day) (year)
Cemetery or crematory: Jones Thickel
Location: Near Rhoadesdale
18. Funeral director: Lewis Baynum
Address: Cambridge Md
19. June 3 1940 (Date rec'd by registrar) Elizabeth W. Craft Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1 1940, at 11-30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —.

Immediate cause of death: Cerebral Haemorrhage — DURATION: 1 day
Due to: —
Due to: —
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M.D. Mother
Address: Cambridge - Md Date signed: June 2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

66484

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 month.

Stay in this community (yrs., or mos., or days): 30 yrs.

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Cambridge Md. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 401 Chopstank Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Rena G. Todd.

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Ray C. Todd.

6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Nov 14, 1890

8. AGE: Years: 49 Months: 7 Days: 2 If less than one day: hrs. min.

9. Birthplace: Fairmount Md. (Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business:

FATHER
12. Name: W. G. Parks.
13. Birthplace: Somerset Co. Md.

MOTHER
14. Maiden name: Ella Chelton.
15. Birthplace: Somerset Co. Md.

16. Informant: Hazel Todd.

Address: Cambridge Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: June 18, 1940 (month) (day) (year)

Cemetery or crematory: Greene Laeba

Location: Cambridge Md.

18. Funeral director: Frank E. Albaugh

Address: Cambridge Md

19. 6-17 1940 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1940, at 1:15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 1934, to June 16 1940, and that I last saw her alive on June 16 1940.

Immediate cause of death: Prob. Streptococcus septicaemia — DURATION: 3 days.

Due to: Marked oral sepsis — 2 weeks

Due to: General loss of resistance by totally disabling Hypertensive C.V.R. Disease

Other conditions: accompanied by frequent rectal haemorrhages (Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wylie M. Law MD M. D. or other

Address: Cambridge Date signed: 6-17-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

06485

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md Hospital

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): One week

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge R.F.D. Md Ward No. ✓

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Sarah MacDonald Warmuth

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Late Mitchell Peebles Warmuth

✓ 6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): 3-19-1866

8. AGE: Years: 74 Months: ✓ Days: 25 If less than one day: ___ hrs. ___ min.

9. Birthplace: Phila Pa (Town, county, and state)

10. Usual occupation: ✓

11. Industry or business:

FATHER: 12. Name: John MacDonald

13. Birthplace: Scotland

MOTHER: 14. Maiden name: Nancy Garth

15. Birthplace: England

16. Informant: Mr Hendy J. Warmuth

Address: Cambridge R.F.D. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 17, 1940 (month) (day) (year)

Cemetery or crematory: Westminster

Location: Philadelphia Pa

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 6-14 1940 (Date rec'd by registrar) John Neace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14 1940, at 12 Hrs

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2nd 1940, to June 14 1940, and that I last saw her alive on June 13th 1940.

Immediate cause of death: Coronary Occlusion?

Due to: Arteriosclerosis, Generalized and Cerebral

Due to: Arteriosclerotic Cardio-Vascular-Renal Disease

Other conditions: Uremia, Glaucoma Bilateral

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

DURATION: 30 mins. / 10 yrs? / 8-10 yrs? / 2 weeks

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Eldridge H. Wolff M.D. (M.D. or other)

Address: Cambridge, Md. Date signed: 6-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06486

1. PLACE OF DEATH (119a)

County Dorchester Registration Dist. No. 110

Village or City Thompson Town No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dorris Elaine Young If U. S. Veteran, specify WAR

(a) Residence: No. E. N. Market Md St., Ward.

Thompson Town (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 16 - 1940

7. AGE Years 4 Months 3 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Only. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Thompson Town (State or country) E. N. Market Md

FATHER

13. NAME Isaac Young

14. BIRTHPLACE (city or town) E. N. Market (State or country) Dor. Co. Md.

MOTHER

15. MAIDEN NAME Cordelia Jenkins

16. BIRTHPLACE (city or town) E. N. Market (State or country) Dor. Co. Md.

17. INFORMANT Cordelia Jenkins (Mother) (Address) E. N. Market Md

18. BURIAL, CREMATION, OR REMOVAL Place Thompson Town Md Date June 8 - 1940

19. UNDERTAKER Paul Jenkins Grandfather (Address) East New Market Md

20. FILED June 8 - 1940 Chas W Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 8 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from did not attend her at home, 19 to 19

I last saw her alive on June 7, 1940, death is said to have occurred on the date stated above, at 1 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Enteritis

Date of onset

Other Contributory Causes of importance: Improper diet

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) L. C. Frazier M.D.

(Address) Hurlock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

06487

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

WITHIN CORPORATE LIMITS OF

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 72 y 11 m 9 d

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Madison Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary Jane Young

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Colored	widowed

6 (b) Name of husband or wife James Young

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 1867

8. AGE:

Years	Months	Days	If less than one day
72	11	9	hrs. min.

9. Birthplace Golden Hill Dorchester Co Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name John Keene

FATHER 13. Birthplace Golden Hill Md

MOTHER 14. Maiden name Priscilla Mansfield

MOTHER 15. Birthplace Golden Hill Md

18. Informant Ella Apher

Address 42 Pine St Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17, 1940 (month) (day) (year)

Cemetery or crematory Madison, Md

Location Madison, Md.

18. Funeral director Lewis H. Baynard

Address Cambridge, Md

19. 6-17-1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940, at 5:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3 1940, to June 14 1940, and that I last saw h alive on June 14 1940.

	DURATION
Immediate cause of death Pyelocystitis	4-1-40
Due to Cerebral Hemorrhage	5-18-40
Due to Hypertension	1938
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Carroll M. McClain MD M. D. or other

Address Race & Cedar Sts Date signed 6-15-40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

06488

Reg. Dist. No. 6

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 308 Locust St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 42

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Mary Land County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 308 Locust

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Wilhelmina Ziegler

3. (b) Social Security Number none

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Lte Geo Ziegler

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-15-1865

8. AGE: Years 74 Months 8 Days 8 If less than one day hrs. min.

9. Birthplace Balto Co Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Jas H Humphries

13. Birthplace Md

MOTHER 14. Maiden name Kate Vondersmith

15. Birthplace Md

16. Informant Mrs Geo Jones

Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/25/40 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Balto Md

16. Funeral director G S Le Compte

Address Cambridge Md

19. 6-24 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1940, to June 23 1940, and that I last saw h alive on June 23 1940.

Immediate cause of death Hypertensive cardio vascular renal disease with acute myocardial failure and pulmonary edema

Due to

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

DURATION June 16 1940

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wylie M Law M.D. M. D. or other

Address Cambridge Date signed 6-24-40

VS A15 (T) MARGIN RESERVED FOR BINDING (I) PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (M)

RECEIVED
JUL 5 1940
BUREAU V. S.